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APPLICANTS

Blayn W. Beenau, Peoria, AZ;
David S. Bonalle, New Rochelle, NY;
Seth W. Fields, Taylorsville, UT;
William J. Gray, Salt Lake City, UT;
Carl Larkin, Barnham, UNITED KINGDOM;
Joshua L. Montgomery, Orem, UT;
Peter D. Saunders, Salt Lake City, UT;

**** CONTINUING DATA *******

This application is a CIP of 10/340,352 01/10/2003 which is a CIP of 10/192,488 07/09/2002 which claims benefit of 60/304,216 07/10/2001 and said 10/340,352 01/10/2003 is a CIP of 10/318,432 12/13/2002 and is a CIP of 10/318,480 12/13/2002 and claims benefit of 60/396,577 07/16/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/21/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AZ	SHEETS DRAWING 19	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>Lib</i> Initials			

ADDRESS
66170

TITLE
METHOD AND SYSTEM FOR HAND GEOMETRY RECOGNITION BIOMETRICS ON A FOB

FILING FEE RECEIVED 1718	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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